

TRANSCRIPT ORDER

Please Read Instructions:

TRANSCRIPT ORDER			DUE DATE:	
1. NAME Ryan Meyer			2. PHONE NUMBER (214) 765-3627	
4. DELIVERY ADDRESS OR EMAIL ryan.meyer@katten.com			5. CITY Dallas	
8. CASE NUMBER 4:20-cr-00382-SDJ-KPJ			9. JUDGE Sean D. Jordan	
			DATES OF PROCEEDINGS	
			10. FROM 10/25/2021 11. TO 10/25/2021	
12. CASE NAME USA v. Saad Aziz et al			LOCATION OF PROCEEDINGS	
			13. CITY Plano 14. STATE TX	
15. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER				
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)				
PORTIONS		DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE			<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)				
<input type="checkbox"/> OPENING STATEMENT (Defendant)				
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)			<input type="checkbox"/> PRE-TRIAL PROCEEDING (Spcy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)				
<input type="checkbox"/> OPINION OF COURT				
<input type="checkbox"/> JURY INSTRUCTIONS			<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				
<input checked="" type="checkbox"/> BAIL HEARING		10-25-2021		
17. ORDER				
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
3-Dav	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES	
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>		
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).			ESTIMATE TOTAL	0.00
18. SIGNATURE <i>/s/ Ryan Meyer</i>			PROCESSED BY	
19. DATE 10/27/2021			PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS	
ORDER RECEIVED		DATE	BY	
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00

DISTRIBUTION:

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TRANSCRIPTION COPY

ORDER RECEIPT

ORDER COPY